Indiana State Police Clandestine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	09/18/2013	Address:	2772 LAMPLIGHT DRIVE	
Incident #:	13ISPC009398		COLUMBUS, IN 47203	
County:	BARTHOLOMEW			
Type of Laboratory Seizure (check one) Seizure			re Location (check all that apply)	
 ✓ Operational Lab ☐ Chemical/Glassware/Equipment (only) ☐ Dumpsite (only) 		Residence Outbuilding Vehicle	☐ Hotel/Motel ☐ Open – No Structure ☐ Other:	
(check all that	Literation (bedroom, kitchen, open air, of apply) or Birch Reaction(s):	<u>etc)</u>		
Red Phosphorous/Iodine Reaction(s):				
Hydrochloric Acid Gas Generator(s):				
Flammable Solvents:				
Water Reactive Metal (Lithium):				
Anhydrous Ammonia:				
Corrosive Acid: BACKPACK				
Corrosive Base: <u>BACKPACK</u>				
Other (ite	m and location):			
Vehicle Info	rmation:			
Owner: VIN: Year:		Make: Model:		
☐ Yes ☑ No	age 18 discovered (check appropriate) (number present) not present but evidence they reside	unclean Estimated le occurring:	itions of home: clean disarray	
This report l	has been faxed* or emailed to the fo	llowing agencies th	at serve the location:	
Health Depar	tent City, Township or County <u>COLU</u> truent County: <u>BARTHOLOMEW</u> of Child Services Hotline: <u>dcshotlinere</u>	Fax	: <u>E-MAIL</u> : <u>E-MAIL</u> ax: 317-234-7595 or 317-234-7596	
	ormation regarding this methamphetan Officer: BRENT MILLER Phon	nine laboratory, con e <u>812-689-5000</u>	tact	

*This form is to be faxed to the Fire Department, Health Department and/or Department of Child Services listed within 24 hours of scene processing.